## Birth Certificate

Name o	on birth record:			
Date of	f Birth:			
	nany copies?			
1 dicino				
A 1.				
	ant Name:			
Applic	ant Address:			
Indicat	e your relationship to the person whose record y	ou have r	equ	ested:
	□ Self			Guardian
	□ Spouse			Descendant
	☐ Registered Domestic Partner			Attorney of person on record
	□ Parent			Genealogist ID #
Rv mv	signature below, I swear/affirm that the information above is true and correct.			
Applic	ant Signature:			
Today'	's Date:			
	\$15 for 1 <sup>st</sup> copy, \$6 for 6	each addi	tion	al conv
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	Below line is for C	lerk's use o	nly	
Proof of	fidentity of applicant:			
	Applicant must prov	ide one of t	hese.	-
	Driver's License		Go	vernment issued picture I.D.
	Passport			
	OR two of these:			
	Utility bills			ial Security Card
	Bank statements			214
	Vehicle registration	_		spital; birth worksheet
	Income tax return	_		ense/rental agreement
	Personal Check w/ address		-	stub
	A previously issued vital record		W-	
	Letter from government agency requesting record			er Registration card
	(DHHS, WIC)			ability award from SSA
	Department of Corrections I.D. card			er
	Establishing eligibility	to acquire	reco	rd:
	Related applicants must provide proof of lineage.			
	Domestic Partners must provide proof of registration of domestic partnership			
	Attorneys must provide a signed, notarized release from family			
	Genealogists must provide a state-issued card			
Do not retain copies of proof provided or note any specific numbers				

Clerk's Initial\_\_\_\_